

Additional Permitted Subscription (APS)

Transfer Authority Form

Please note this will be a transfer of APS allowance information only and no funds will be transferred.

SWANSEA
BUILDING SOCIETY

www.swansea-bs.co.uk

Your Details

Title (Mr/Mrs/Etc.)											
Forename(s) in full											
Surname											
Current Address											
										Postcode	
Do you have a National Insurance (NI) Number? (Y/N)				If Yes, you must enter it here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of the Deceased

Title (Mr/Mrs/Etc.)											
Forename(s) in full											
Surname											
Current Address											
										Postcode	
Did the Deceased have a National Insurance (NI) Number? (Y/N)				If Yes, you must enter it here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Marriage or Civil Partnership between the Investor and the Deceased	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased existing ISA account/roll number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>
Deceased existing ISA account/roll number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>
Deceased existing ISA account/roll number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>

Please be note if multiple ISAs were held by the customer with the ISA manager their value will be combined to form one APS allowance.

APS Allowance Transfer Information

Name of Deceased's ISA Manager	Swansea Building Society											
Address of Deceased's ISA Manager	11-12 Cradock Street, Swansea								Postcode	SA1 3EW		

Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred subscriptions may only be made from the deceased customer's account in one lump sum accompanied with an APS paying in form.

Declaration

This section must be completed to confirm the customer name on this authority is eligible to transfer an Additional Permitted Subscription allowance in respect of the deceased named on this authority.

I (the customer) declare that:

- I am the surviving spouse/civil partner of the deceased
- I was living with the deceased within the meaning of section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- I have not subscribed to and will not subscribe to the Additional Permitted Subscription allowance with the existing ISA provider of the deceased in respect of the deceased name on this application
- I intend to make an Additional Permitted Subscription application to Swansea Building Society.

I authorise the existing ISA provider of the deceased as specified above to provide Swansea Building Society any information, written or not: concerning the APS allowance and former ISA(s) in respect of myself (the customer) and the deceased and to accept any instruction from them relating to the APS allowance being transferred.

I declare that this APS transfer application form has been completed to the best of my knowledge and belief.

Signed		Date	D D / M M / Y Y Y Y
--------	--	------	---------------------

Transfer Acceptance

We Swansea Building Society are willing to accept this APS allowance transfer in line with the Customer's instructions above. We confirm that, subject to relevant checks, we are willing to accept an Additional Permitted Subscription application from the Customer.